Combined Declaration For Patent Application and Power of Attorney							RNEY DOCKET		
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A DISPLAY APPARATUS									
The specification of which (check only one item below):									
X is attached hereto.									
was filed as United States Application Serial No. on and was amended on (if applicable).									
was filed as PCT international application Number on and was amended on (if applicable).									
I hereby state that I have reviewed	d and understand	the contents of t	he above-	identified specification, in	cluding the cla	ims, as amended by	any amendment		
referred to above. I acknowledge the duty to disclos	se to the U.S. Pate	nt & Trademark	Office a	ll information known to m	ne to be materia	ıl to patentability a	s defined in Title		
37, Code of Federal Regulations,	§1.56.								
I hereby claim foreign priority be certificate, or (365 (a) of any PCT		,				•			
and have also identified below as			_	·					
one country other than the United priority is claimed:	States of Americ	a filed by me on	the same	subject matter having a fi	iling date befor	e that of the application	ation(s) of which		
PRIOR FOREIGN/PCT APPLI	CATION(S) ANI	ANY PRIOR	ITY CLA	IMS UNDER 35 U.S.C.	119:				
COUNTRY (# PCT, indicate PCT)	AI	PLICATION NUMBER		DATE OF FILING (month/day/year)		PRIORITY CLAIMED U			
			_			YES	NO NO		
				<u></u>		YES	NO		
I hereby claim the benefit under T	itle 35, United Sta	ates Code, 119 {	(e) of an	y United States provisiona	l application(s)	listed below:			
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):									
PROVISIONAL AF	PPLICATION NUMBER				FILING DATE (month/	day/year)			
			_						
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:									
	U.S. APPL	ICATIONS	ATIONS		STATUS (Check one)				
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED			
·									
PCT APPLICATIONS DESIGNATING THE U.S.									
PCT APPLICATION NO. PCT FILII		U.S. SERIAL NUMBERS ASSIGNED (if any)							
			1						
			†				 		

Combined Declarati n F r Patent Applicati n and Power of Att rney (Continued) ATTORNEY DOCKET								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.								
Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201				Direct Telephone Calls to: (name and telephone number) Nelson A. Blish (585) 588-2720 FAX: (585) 477-4646				
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
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4	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME				
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
	RUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

STATE OR FOREIGN COUNTRY

FIRST GIVEN NAME

1 0 0 1		
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 Ladre F. Kute	SIGNATURE OF INVENTOR 203 Viring Comm Med
6-25-03	DATE) une 24th, 2003	June 25th, 2003
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

FAMILY NAME

RESIDENCE &

SECOND GIVEN NAME

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE (COUNTRY)